

ATTACHMENT A

Information Technology Project Request (ITPR)

SECTION 1A. GENERAL INFORMATION

Agency: Department of Health and Mental Hygiene
(DHMH)

Project Title:

Executive Business Sponsor:

IT Project Manager:

Phone:

Indicate all Agency Senior Management that have reviewed and approved project (indicate all that apply):

☐

Executive Business Sponsor

☐

Agency CIO

☐

Agency CFO

Budget:

Appropriation Code (8 Digit RSTARS Code):

Sub Program Code (4 Digit RSTARS Code):

PCA Code (5 Digit RSTARS Code):

Over CSB (Y/N): Yes / No

Project Level: New / Ongoing

Project Plan Number:

Project Type:

Project Classification:

Major Project (Y/N): Yes / No

Program Code (Y/N): Yes / No

Cross Cutting (Y/N): Yes / No

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SECTION 1B. PROJECT INFORMATION

PROJECT DESCRIPTION:

PROJECT STATUS:

IT SOLUTION:

Technology:

Program Strategic Goals:

Critical Success Factors:

Major Stakeholders:

Major Customers:

External Dependencies:

Acquisition Strategy:

Authority Mandate:

BUSINESS NEED/JUSTIFICATION:

BENEFITS:**External:****Internal:****Return on Investment:****MAJOR RISKS:****Known or Anticipated Cost Change:****SECURITY AND PRIVACY REQUIREMENTS:****ARCHITECTURE AND IT POLICY CONFORMANCE:**

SECTION 1C. SCHEDULE

A screen resolution of 1024 x 768 and landscape print setting will display best results

List the major lifecycle milestones associated with this project. Note that it is the intent to conduct Agency project assessments semiannually or at the nearest major milestone.

Phase	Major Milestone	Planned Start Date (mm/dd/yy)	Actual Start Date (mm/dd/yy)	Planned End Date (mm/dd/yy)	Actual End Date (mm/dd/yy)
Initiation/Concept					
Planning/Req. Analysis					
Design/Development/ Integration/Test					
Implementation					
Operations/Maintenance					
Disposition (Not required)					

SECTION 1D. COST A screen resolution of 1024 x 768 and landscape print setting will display best results

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PART A. SUMMARY OF SPENDING FOR PROJECT COST

(Provide Project Cost Data and Estimates)

Project Phase Cost

[illegible]

Design/Development Integration/Test										
Implementation										
Operations/Maintenance										
TOTAL FF										
REIMBURSABLE FUNDS	Prior to FY04	Actual FY04	Approp FY05	Budget Req FY06	Gov Allow FY06	Projected FY07	Projected FY08	Projected FY09	Projected FY10	Total RF*
Initiation/Concept										
Planning/Req. Analysis										
Design/Development Integration/Test										
Implementation										
Operations/Maintenance										
TOTAL RF										
TOTAL ALL FUNDS										


*Total does not include Governor's Allowance

Project Expenditures by Comptroller Object

COMPTROLLER OBJECT CODES	Prior to FY04	Actual FY04	Approp FY05	Budget Req FY06	Gov Allow FY06	Projected FY07	Projected FY08	Projected FY09	Projected FY10	Total*
01. Salaries, wages										
02. Technical and fees										
03. Communications										
04. Travel										
06. Fuel and Utilities										
07. Motor Vehicle Oper. and Maint.										
08. Contractual Services										
09. Supplies & Materials										
10. Equipment Replacement										
11. Equipment Additional										
12. Grants, Subsid. and Contrib.										
13. Fixed Charges										
14. Land & Structures										
TOTAL										

*Total does not include Governor's Allowance

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